	STATE WATER RESOLUTION STATE DEPART	
PRODUCER OF WASTE (Negat be filled by pro	oducer)	HA
Name (print or type): WESLOCK	, , , , , , , , , , , ,	Nam
*1ck up Address: 13344 50 MAT	A Code No.	
(Street)	(City)	Bus
Telephone Number: () 3)13770 F.O. or Con	ntract No.:	Tel
Order Placed By:	Date:	Sta
Type of Process		joi.
which Produced Wastes: (Examples: metal plating, eq.	uipment cleaning, oil drilling Code No.	 Vel
	ing bath, petroleum refining)	Th
DESCRIPTION OF WASTE (Must be filled by	producer)	£a
Check type of wastes:	•	I of
1. Acid solution 2. Alkeline solution	8. Tank botts sediment 9. (011)	an
3. D Pesticides	10. Drilling and	DI
4. Q Paint sludge	11. [] Contaminated soil and send	
b. [] Solvent o. [] Tetraethyl land sludge	12. ☐ Connery waste 13.;☐ _atcs waste	Nas
7. Chemical toilet wastes	14. Hug and water 15. Brine	Syl
	13. Li BELINE	Th.
Other (Specify)	Code No.	1 16
		De
Components: (Examples: Hydrochioric scid, lime, caustic sods,	Concentration:	Qu
phenolics, solvents (list), metals (list), organice (list), cyanida)	Upper Lower t ppm	Hai
organism (asser), cyanicas,		{
<u> </u>	一 一 片 片	ł
2.	U U	
3.		
A.		11
<u> </u>	— — H H	
<u></u>	— — H H	D1 I
<u>6.</u>	U U	of
Hazardous Properties of Weste:		an
pH 7 none toxic fimable	e Corresive Cemplesive	Th
Bulk Volume:galtons	harrels other	. St
Containers:	(42 gal) (spec(fy)	
(Runber) Litrum Licgritone	bagsother/	•
Physical State: Daolid Miquid	sludge other	-
Special Handling Instructions (if any):	(specify)	_
		-
		•
		•
The waste is described to the best of my ab	thry and is was delivered to	
	"," 1 <i>V 1</i>)	·
I certify (or declare) under penalty of perjury that the foregoing is true	16011.6 1 To Van	/
and correct.	ICUINIC AT INCLIFA	-

CALIFORNIA LIQUID WASTE NAULER RECORD

SFUND RECORDS CTR 999000487

ES CONTROL BOARD NT OF HEALTH		999000487
HAULER OF WASTE (Must	be filled by hauler)	
Name (print or type): SUC	erior Industri	al Pum ind 21
Business Address: 25013	W. Manchester	Ave. Inc.
Telephone Number: 778	7542 Pick Up:	(City)
State Liquid Waste Hauler's	(Date) Registration No. (if applicable):	
	No. of Loads or Trips: /	
Vehicle: Evacuum truck	barrels, Dflatbed,	Other
The described waste was facility named below and	if drug by me. is title discress	al (specify)
I certify (or declare) of perjury that the fore and correct.		vall It
DISPOSER OF WASTE (Mis	st be filled by disposer)	
	THE NATING INDUSTRIE	
Stre Address	9 8 Sc (095) 計。	Code No.
it was an acceptable man Department of Health re-	red the described waste to terial under the terms of R gulations, and local restric	WQCB requirements, State ctions,
Quantity measured at site (i	f appl(cable):	State tee (if anv's
Handling Method(s):		
Tecovery		,
dimposal (specity):	mmples: incineration, neutralization pond spreading landfill other (specify):	tion, precipitation)-Code No.
If weste is held for disposa	l plyewhere specify final location	
Disposal Date:	<u> </u>	
I certify (or declare) of perjury that the fore and correct.		f authorized agent and title
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.		
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AUR9081

Nº 200

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.